LIC 437-25 (Rev 05/07)

## **DEPARTMENT OF INSURANCE**

Administration & Licensing Services Branch Producer Licensing Bureau 320 Capitol Mall Sacramento, CA 95814 (916) 492-3035 (916) 327-6907 (fax) www.insurance.ca.gov



## BAIL AGENT CHANGE OF CORPORATE STOCKHOLDER, OFFICER OR DIRECTOR

Name of corporation:		License #:			
Federal Employer Ide	entification Number (FEIN):				
ΓΗΕ ABOVE-NAMI	ED CORPORATE BAIL AGENT HEREBY:				
(Pu	ests the Insurance Commissioners approval to buy ursuant to California Insurance Code 1810, any sale or approval of the department.)			corporation re	equires the
List	t officers, directors, and shareholders in the below c	hart as they will exist fol	lowing approval of	this request.	
Atta	ach a self-addressed stamped envelope so the Depar	tment can send you its a	pproval.		
Notifi	es the Insurance Commissioner of a change in its	officers and/or director	rs.		
	List all officers, directors, and shareholders in	the below chart as of th	e date of the chang	e.	
	All stockholders, officers and direct	tors <b>must</b> be licensed be	ail agents		
	Name (Last, First, Middle)	License Number	Social Sec #	% of ownership	Effective date of change
President					
Vice-President					
Secretary					
Treasurer					
Director					
Director					
Director					
Stockholder					
Stockholder					
SUBMITTED BY: Si	gnature	Title			
Print Name		Date			
Address		(Business phone)			
		,	. ·		
For Department use or	nly				
Approved by:		Date:			